

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

05/29/95

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJ0000206706

FACILITY NAME -> CROSS KEYS AIRPORT

MAILING ADDRESS -> | RTE 555

WILLIAMSTOWN, NJ 08094

INSTALLATION ADDRESS -> 1531 N TUCKAHOE RD WILLIAMSTOWN, NJ 08094

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II** 290 BROADWAY NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL. **HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS**

TO: WEINER, ANDREW MGR CROSS KEYS AIRPORT 211 KINGS HWY E HADDONFIELD, NJ 08033 Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

& EPA

Notification of Regulated Waste

United States Environmental Protection Agency Ju Page 1

Date Received (For Official Use Only)

PROTECTION TO THE COLOR OF THE COLOR OF THE GLOW TO

1. Installation's EPA ID Number (Mark 'X' in the appropriate box) C. Installation's ERA ID Number B. Subsequent Notification A. First Notification (complete Item C) 11. Name of Installation (Include company and specific site name) 0 III. Location of Installation (Physical address not P.O. Box or Route Number) Street Street (continued) State ZIP Code City or Town County Code County Name IV. Installation Malling Address (See Instructions) Magazine Publication Company Street or P.O. Box 0. 0 0 + X Llo-/ 2, 7 - P 25 7 P 3 / P 5 P 1 / N 5 P 4 P Wasan gija State City or Town V. Installation Contact (Person to be contacted regarding waste activities at alte) (first) Name (last) e e na alima yikyayyaketata Job Thie Phone Number (area code and number) ४ VI. Installation Contact Address (See Instructions) A. Contact Address B. Street or P.O. Box Mailing City or Town State ZIP Code VII. Ownership (See instructions) A. Name of Installation's Legal Owner Street, P.O. Box, or Route Number 0 City or Town ZIP Code State D. Change of Owner (Date Changed)
Indicator Month Day Year C. Owner Type B. Land Type Phone Number (area code and number) 0 0 Yes

A Hazardous Waste Activity A Hazardous Waste Activity A Hazardous Waste Activity B Used Oil Fuel Activities 1. Generator (See instructions) 2. Generator (See instructions) 3. Transfer (South Manufacture) 4. Hazardous Waste Fuel 4. Hazardous Waste Fuel 4. Hazardous Waste Fuel 5. Generator Manufaction (See instructions) 1. Julies Deliver 1. Generator Manufaction (See instructions) 1. Julies Deliver 2. Rein 3. Highway 3. Highway 4. Waster 3. Highway 4. Waster 3. Industrial Bolies 5. Other - specify 5. Other - specify 6. Underground hyector Control 1. United Bolies 8. Underground hyector Control 1. Julies Deliver 9. Specification Used Oil Fuel 9. Specification U			1D - For Official Use Only
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XI. Comments	ingrature	Andrew Weiner, !LE	P,
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PLEASE RETURN THIS CHECKLIST WITH YOUR RESUBMITTAL. <u>THE ATTACHED</u> <u>COPY OF YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND RE-DATED IN THE</u> <u>CERTIFICATION SECTION</u>.

- 2/	25/04
Date: 3/9	25/97
Facility Nan	ne: Cross Leys Nurport
	TIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12, WAS CESSED DUE TO THE FOLLOWING:
I)	You have submitted a Subsequent Notification form. Please provide us with a brief explanation of the requested changes in the comments section (Part XI) of the form or in a separate letter.
II)	Name of Installation is incomplete.
III)	Location of Installation is insufficient. Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an
	explanation.
IV)	Installation Mailing Address is incomplete.
V)	Installation Contact is incomplete. Please provide the contact person's name, job title, and phone number.
VI)	Installation Contact Address is Incomplete.
VII)	Ownership information is incomplete.
VIII)	Type of Regulated Waste Activity Hazardous Waste: 1 Generator status is incomplete.
	2 Mode of Transportation has been indicated. However, Box a or b under Transporter has not been marked. Please indicate purpose of transporter activity in Box a or b. If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change.
	3 Treater, Storer, Disposer, has been indicated. Please confirm this designation by returning your form and checklist as requested. Contact your 8State Environmental Agency in order to submit Part A of your required permit application. If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
IX)	Description of Regulated Wastes is incomplete. Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
X)	Certification is insufficient. Please provide an <u>original</u> signature in the Certification section. Agents/Consultants cannot sign. Please see the instructions for completing the form for those authorized to sign the certification.
	(over,)

XI)	is the existing EPA Identification				
	Number for your company, at the location you have specified. To update information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the changes in the				
les (%)	COMMENTS SECTION (Part XI) of the form, or in a separate letter. Please resign the form with an original signature in the Certification area. FAILURE TO PROPERLY COMPLETE THE NOTIFICATION FORM 8700-12 MAY RESULT IN MISIDENTIFICATION OF THE GENERATOR OR TRANSPORTER TO AN INTERESTED PARTY.				
XII)	Please use the enclosed, current Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.				
XIII) 🔽	Our records indicate that an EPA ID No. has already been assigned to an other facility at the same address which you have provided as your Location of Installation. Please indicate, in the appropriate space(s) below, your facility's				
	Lewis Flying Service Inc (Tenant of				
	The above named installation is in the same building/complex. Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.				
	The above named installation is the current owner of the property. List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.				
	The above named installation is registered as the previous owner of the property or prior business. List the above named company's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.				
	The above named installation is the previous operator at this location.				
	Other. Please explain. Chois Plyin SERVICE INC OPERATED A PLYING SERVICE AT CROSS ISCHT				
	MILE SPECIAL ANNER CHANT 18 CHUEN.				



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

05/02/94

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Identification Number for that installation appears in the box The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJ0000206706

FACILITY NAME -> CROSS KEYS AIRPORT INC

MAILING ADDRESS -> PO BOX 1080

HADDONFIELD, NJ 08033

INSTALLATION ADDRESS -> 1531 N TUCKAHOE RD FACILITY SVC AREA WILLIAMSTOWN, NJ 08094

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION II **26 FEDERAL PLAZA** NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006 HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS

WEINER, ANDREW TO: PRES CROSS KEYS AIRPORT INC PO BOX 1080 HADDONFIELD, NJ 08033 Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

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Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received (For Official Use Only)

and Recovery Act). Environmental Protection Agency I. Installation's EPA ID Number (Man 2) C. Installation's ERA ID Number A. First Notification X II. Name of Installation (Include compact I R 0 R T III. Location of Installation (Physical and Street Street (continued) City or Town State ZIP Code W 0 8 J **County Code County Name** E C SIT R G L 0 U E IV. Installation Mailing Address (See Instructions) 是無產 Street or P.O. Box U 5 5 0 City or Town State ZIP Code W I L \mathbf{L} Ι S NJ M OW N 8 0 0 9 4 V. Installation Contact (Person to be contacted regarding waste activities at site) Name (last) 130 The Little Andrews (18). E I R A N D Phone Number (area code and number) **Job Title** The second M AN A G E 6 0 -89 VI. Installation Contact Address (See Instructions) A. Contact Address B. Street or P.Q. Box Silver and the same Mailing Location X H W E A S Control of the Contro City or Town State **ZIP** Code har ig ballegnen sprecke fing 8 VII. Ownership (See Instructions) A. Name of Installation's Legal Owner Street, P.O. Box, or Route Number or Hally **分类的** 0 \mathbf{T} U City or Town **为数据** State ZIP Code H A D D F Ι N J 8 D. Change of Owner Indicator (Date: Changed) (Month Day Year ... C. Owner Type Phone Number (area code and number) 2

Please print or type with ELITE type (12 characte	ers per inch) in the unshaded areas only AGENCY ROTE	Form Approved. OMB No. 2050 1002d. Labries 10 31 9 GSA No. 0246 FPA O
	95 MAY 25 PH 3	ID - For Official Use Only
VIII. Type of Regulated Waste Adilivity	Mark X III he appropriate bother Herei	to instructions.)
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b. 100 to 1000 kg/mô (220 2200 lbs.	Hazarcous Waste Fuel	6 One Markerer
2. Transporter (Indicate Mode in boxes 1-5	a Generator Marketing to Burrier	Burner Hidlette device(s) =
à. For own waste only b. For commercial purposes	C. Buirher - indicate dayce(s) 2 Type of Combustion Device	Utility Boller 2. Industrial Boller
Mode of Transportation	1: Utility Boller	3. Industrial Fumace
2. Pall	2. Industrial Furnaça	aug. Specification Used Of Fuet Marketer
3. Highway	5. Underground Injection Control	oil Specification Used Oil Fust Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification:
5. Other - specify	Property of the second	EIF 海南州外河南
IX. Description of Regulated Wastes (U	一十二十四十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	
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7 8 3		
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gontaining the information, I believe	that the submitted information is true	dividuals immediately responsible for , accurate, and complete. I am aware
Imprisonment.	s for submitting false information, li	ncluding the possibility of fines and
signature /	Name and Official Title (type or print)	Date Signed
1000	Andrew E. Weiner, President	May 5, 1995
XI, Comments	CONTROL OF THE STATE OF THE STA	cast formulation to find the treatment by the tenter of the cast o
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